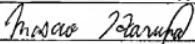


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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/571,511-Conf. #8941
	<b>Filing Date</b>	January 8, 2007
	<b>First Named Inventor</b>	Toshio DOI
	<b>Art Unit</b>	N/A
	<b>Examiner Name</b>	Not Yet Assigned
	<b>Attorney Docket Number</b>	3749-0124PUS1

<b>I hereby revoke all previous powers of attorney given in the above-identified application.</b>		
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px;">02292</span>		
<input type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center;"> <span style="border: 1px solid black; padding: 2px; margin-right: 10px;"><input checked="" type="checkbox"/></span> <span>The address associated with Customer Number:</span> <span style="border: 1px solid black; padding: 2px; flex-grow: 1;">02292</span> </div>		
<b>OR</b> <input type="checkbox"/> Firm or Individual Name <span style="border: 1px solid black; padding: 2px; flex-grow: 1;"></span>		
Address		
City		
Country	State	Zip
Telephone	Email	
I am the:		
<input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>		
<b>SIGNATURE of Applicant or Assignee of Record</b>		
Signature	 <u>Masao HARUNA</u> <u>Chugai Seiyaku Kabushiki Kaisha</u>	
Date	April 4, 2008	Telephone
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/> *Total of <u>2</u> forms are submitted.		